



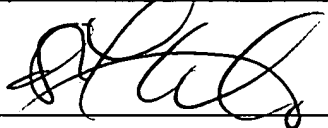
## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**RECEIVED**  
OCT 27 2004  
Technology Center 2600

on 10-27-04

  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Quinn, et al.

Group Art Unit: 2645

Serial No.: 09/473,667

Examiner: Anwah, Olisa

Filed: December 29, 1999

Docket No.: 190251-1760

**For: Integrated Ton-Based and Voice-Based Telephone User Interface**

The following is a list of documents enclosed:

- Return Postcard
- RCE Transmittal
- Amendment Transmittal
- Fee Transmittal - identifying \$878.00
- Credit Card Authorization - Authorizing \$878.00 (\$790 - RCE; \$88 - add. claim)
- Response to Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

# AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Quinn, et al.

Docket No.

190251-1760

Serial No.  
09/473,667

Filing Date  
December 29, 1999

Examiner  
Anwah, Olisa

Confirmation No.  
1291

Group Art Unit  
2645

Invention: Integrated Tone-Based and Voice-Based Telephone User Interface

RECEIVED

OCT 27 2004

Technology Center 2600

Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is the Response to Final Office Action and RCE in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0	X \$18.00	\$0
INDEP. CLAIMS	8 -	7 =	0	X 88.00	\$88.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$300.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> 120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 430.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 980.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 1530.00	\$0
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$878.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$878.00 (\$790 for RCE; \$88 for Add. Claim).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 64,367

Date

10-22-04